

Appendix 2

Required Records

All providers of services who receive payment from Wisconsin Medicaid, including Wisconsin Medicaid managed care programs, are required to maintain records that fully document the basis of charges upon which all claims for payment are made, according to HFS 106.02(9)(a), Wis. Admin. Code. This required maintenance of records is typically required by any third-party insurance company and is not unique to Medicaid.

Record retention period

Providers are required to retain preparation and maintenance records, medical content, and financial records, along with all other documentation for a period of not less than five years from date of payment, except rural health clinic providers, who are required to retain records for a minimum of six years from date of payment.

Preparation and maintenance records

A provider must prepare and maintain truthful, accurate, complete, legible, and concise medical documentation and financial records according to HFS 106.02(9)(a), Wis. Admin. Code. In addition to the documentation and record keeping requirements, the provider's documentation is required to include:

- 1) The full name of the recipient.
- 2) The identity of the person who provided the service to the recipient.
- 3) An accurate, complete, and legible description of each service provided.
- 4) The purpose of and need for the services.
- 5) The quantity, level, and supply of service provided.
- 6) The date of service.
- 7) The place where the service was provided.
- 8) The pertinent financial records.

Medical records

According to HFS 106.02(9)(b), Wis. Admin. Code, a provider is required to include in a recipient's medical record the following written documentation, as applicable:

- 1) Date, department, or office of the provider, and provider name and profession.
- 2) Chief medical complaint or purpose of the service or services.
- 3) Clinical findings.
- 4) Diagnosis or medical impression.
- 5) Studies ordered, such as laboratory or X-ray studies.
- 6) Therapies or other treatments administered.
- 7) Disposition, recommendations, and instructions given to the recipient, including any prescriptions and Plans of Care (POC) or treatment provided.
- 8) Prescriptions, POCs, and any other treatment plans for the recipient received from any other provider.

Financial records

According to HFS 106.02(9)(c), Wis. Admin. Code, a provider is required to maintain the following financial records in written or electronic form:

- 1) Payroll ledgers, cancelled checks, bank deposit slips, and any other accounting records prepared by the provider.
- 2) Billings to Wisconsin Medicaid, Medicare, a third-party insurer, or the recipient for all services provided to the recipient.

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- 3) Evidence of the provider's usual and customary charges to recipients and to persons or payers who are not recipients.
- 4) The provider's schedules for patient appointments and the provider's schedules for patient supervision, if applicable.
- 5) Billing claim forms for either manual or electronic billing for all health services provided to the recipient.
- 6) Records showing all persons, corporations, partnerships, and entities with an ownership or controlling interest in the provider.
- 7) Employee records for those persons currently employed by the provider or who have been employed by the provider at any time within the previous five years. Employee records are required to include employee name, salary, job qualifications, position description, job title, dates of employment, and the employee's current home address, or the last known address of any former employee.

Other documentation

According to HFS 106.02(9)(d), Wis. Admin. Code, providers are required to:

- 1) Maintain documentation of all information received or known by the provider of the recipient's eligibility for services under Wisconsin Medicaid, Medicare, or any health care plan. This includes, but is not limited to, an indemnity health insurance plan, an HMO, a preferred provider organization, a health insuring organization, or other third-party payer of health care.
- 2) Retain all evidence of claims for reimbursement, claim denials and adjustments, Remittance and Status Reports, and settlement or demand billings resulting from claims submitted to Wisconsin Medicaid, Medicare, or other health care plans.
- 3) Retain all evidence of prior authorization (PA) requests, cost reports, and supplemental cost or medical information submitted to Wisconsin Medicaid, Medicare, and other third-party payers of health care. This includes the documentation necessary to support the truthfulness, accuracy, and completeness of the requests, reports, and supplemental information.

Availability of records to authorized personnel

The Department of Health and Family Services (DHFS) may periodically review provider records. This includes the right to inspect, review, audit, and reproduce the records. Providers are required to permit access to any requested records, whether in written, electronic, or micrographic form.

Providers have an obligation to ensure that the records are released to authorized DHFS staff member(s) or agent(s) of the DHFS. The DHFS may not use or disclose data or information relating to recipients included in a provider's records except for purposes directly related to the administration of Wisconsin Medicaid.

The DHFS reimburses providers a "per page" rate for the cost of reproducing the records requested by the DHFS on a provider's copy machine. Wisconsin Medicaid pays providers the same "per page" copying rate as the DHFS charges persons requesting documents through the Open Records Law.

Reimbursement is not made for reproduction costs that are covered under contract between the DHFS and a provider or a pre-paid health plan. This includes the documents required to process claims or PA requests, such as an operative report or a medical progress note.

The reproduction of records requested by a peer review organization (formerly the Wisconsin Peer Review Organization or WIPRO and currently Medistar) under contract with the DHFS is reimbursed at a rate established by the peer review organization.

Confidentiality

A person who is a recipient of Wisconsin Medicaid has a right to have personal information safeguarded. The provider is obligated to protect that right. Therefore, use or disclosure of any information concerning applicants and recipients of

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Wisconsin Medicaid for any purposes not connected with Wisconsin Medicaid administration is prohibited unless authorized by the recipient.

Included in the Wisconsin Medicaid administration are those contacts with third-party payers that are necessary for pursuing third-party payment. Also included is release of information that is ordered by the court.

Any person violating this regulation may be fined an amount from \$25 up to \$500 or imprisoned in the county jail from 10 days up to one year, or both, for each violation.

A provider is not subject to civil or criminal sanctions when releasing records and information regarding Wisconsin Medicaid recipients if such release is for purposes directly related to Wisconsin Medicaid administration or if authorized in writing by the recipient. Refer to the Safeguarding Recipient Confidentiality portion of the Provider Responsibilities chapter for more information.